	Uniform Application for State Grant Assistance					
	Agency Completed Section					
1.	Type of Submission	 □ Pre-application □ Application □ Changed / Corrected Application 				
2.	Type of Application	 □ New □ Continuation (i.e. multiple year grant) □ Revision (modification to initial application) 				
3.	Date / Time Received by State	Completed by State Agency upon Receipt of Application				
4.	Name of the Awarding State Agency					
5.	Catalog of State Financial Assistance (CSFA) Number					
6.	CSFA Title					
Cata	alog of Federal Domestic As	ssistance (CFDA)				
7.	CFDA Number					
8.	CFDA Title					
9.	CFDA Number					
10.	CFDA Title					
Fun	ding Opportunity Informati	on				
11.	Funding Opportunity Number					
12.	Funding Opportunity Title					
Con	npetition Identification	Not Applicable				
13.	Competition Identification Number					
14.	Competition Identification Title					

Applicant Completed Section					
App	licant Information				
15.	Legal Name	Name used for DUNS registration and grantee pre-qualification			
16.	Common Name (DBA)				
17.	Employer / Taxpayer Identification Number (EIN, TIN)				
18.	Organizational DUNS number				
19.	SAM Cage Code				
20.	Business Address	Street address, City, County, State, County, Zip + 4			
App	licant's Organizational Unit				
21.	Department Name				
22.					
	licant's Name and Contact plving this Application	Information for Person to be Contacted for <i>Program</i> Matters			
23.	First Name				
24.	Last Name				
25.	Suffix				
26.	Title				
27.	Organizational Affiliation				
28.	Telephone Number				
29.	Fax Number				
30.	Email address				
	Applicant's Name and Contact Information for Person to be Contacted for Business/Administrative Office Matters involving this Application				
31.	First Name	J			
32.	Last Name				
33.	Suffix				
34.	Title				
35.	Organizational Affiliation				
36.	Telephone Number				
37.	Fax Number				
38.	Email address				
Are	Areas Affected				

I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001) (*) The list of certification and assurances, or an internet site where you may obtain this list is	40.	. Areas Affected by the Project (cities, counties,	Add Attachments (e.g., maps)				
Congressional Districts of Applicant 41. Legislative and Congressional Districts of Program / Project Applicant's Project 42. Description Title of Applicant's Project 43. Proposed Project Term Start Date: End Date: 44. Estimated Funding Amount Requested from the State: End Date: 44. Estimated Funding Amount Requested from the State: Applicant Contribution: Other Source of Contribution: Total Amount Program Income: Total Amount Applicant Certification: By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledged I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001) [*) The list of certification and assurances, or an internet site where you may obtain this list is	40.	state-wide)					
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Attach an additional list, if needed Congressional Districts of Program / Project		Congressional Districts					
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Applicant's Project 42. Description Title of Applicant's Project 43. Proposed Project Term 5tart Date: End Date: 44. Estimated Funding (include all that apply)		Congressional Districts					
Applicant's Project Text only for the title of the applicant's project.		of Program / Project					
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state agency will specify required assurances and certifications as an addendum to the	con	- , , , ,	ed assurances and certifications as an addendum to the				
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	con stat	pileation.					
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	con stat app Aut 45. 46.	thorized Representative . First Name . Last Name . Suffix	□ I agree				
	Aut 45. 46. 47.	thorized Representative First Name Last Name Suffix Title	□ lagree				
	Aut 45. 46. 47. 48.	thorized Representative First Name Last Name Suffix Title Telephone Number	□ I agree				
51. Email Address	Aut 45. 46. 47. 48. 49.	thorized Representative First Name Last Name Suffix Title Telephone Number Fax Number	□ I agree				
	Aut 45. 46. 47. 48. 50.	thorized Representative First Name Last Name Suffix Title Telephone Number Fax Number Email Address	□ I agree				
Representative	Aut 45. 46. 47. 48. 50.	thorized Representative First Name Last Name Suffix Title Telephone Number Fax Number Email Address Signature of Authorized	□ I agree				
53. Date Signed	Aut 45. 46. 47. 48. 50. 51. 52.	thorized Representative First Name Last Name Suffix Title Telephone Number Fax Number Email Address Signature of Authorized Representative	□ I agree				